

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		<p><b>Complete if Known</b></p>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/538,477-Conf. #2280
		Filing Date	June 7, 2005
		First Named Inventor	Chih-Chang Chu
		Examiner Name	Saira Bano Haider
		Art Unit	1796
TOTAL AMOUNT OF PAYMENT		(\$)	180.00
		Attorney Docket No.	1258_3146US

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account                    Deposit Account Number: <u>50-0289</u> Deposit Account Name: <u>Mariama Muldoon Blasiak &amp; Sullivan LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>								
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)		
Utility	330	165	540	270	220	110	_____	
Design	220	110	100	50	140	70	_____	
Plant	220	110	330	165	170	85	_____	
Reissue	330	165	540	270	650	325	_____	
Provisional	220	110	0	0	0	0	_____	
<b>2. EXCESS CLAIM FEES</b>								
						<u>Small Entity</u>		
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Fee (\$)</b>	
Each claim over 20 (including Reissues)						52	26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims						390	195	
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>			
_____ - or HP = _____		x _____	= _____		<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>	
HP = highest number of total claims paid for, if greater than 20.					_____		_____	
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
_____ - or HP = _____		x _____	= _____					
HP = highest number of independent claims paid for, if greater than 3.								
<b>3. APPLICATION SIZE FEE</b>								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
_____ - 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____					
<b>4. OTHER FEE(S)</b>								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement				180.00				

<b>SUBMITTED BY</b>			
Signature	/Anne M. Schneiderman 43,095/	Registration No. (Attorney/Agent)	43,095
Name (Print/Type)	Anne M. Schneiderman	Telephone	(315) 425-9000
		Date	July 2, 2010

<b>Fee Transmittal</b>	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: July 2, 2010	Electronic Signature for Barbara A. Saltsman: /Barbara A. Saltsman/